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CONFIRMATION NO. 4924

Bib Data Sheet

SERIAL NUMBER 09/986,050	FILING DATE 10/22/2001 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO.
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APPLICANTS

Geoffrey Roy Fernie, Etobicoke, CANADA;

Gerald T. Griggs, Scarborough, CANADA;

** CONTINUING DATA *****

This application is a CON of 09/420,648 10/19/1999 ABN
 which is a CON of 08/964,999 11/05/1997 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 11/27/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	CANADA	14	62	5

ADDRESS

Bodner & O'Rourke, LLP
 425 Broadhollow Road
 Suite 108
 Melville, NY
 11747

TITLE

Patient transfer device

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
RECEIVED	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.16 Fees (Filing)
914	No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)